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Highlight:

Collected Stories: Being cared for at home.

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Abstract

Background: Service user and carer experience of their illness trajectory and the health care services they receive are integral to programme delivery and key to the development of an empathetic future nursing workforce.

Methods: This project was developed to provide an insight into patient and carer experiences of their District Nursing Services. Patient stories, known to be an extremely valuable resource, have been gathered from a group previously not accessed for their stories. Stories have been collated, illustrated and will be formed into a 'book' which will be utilised to enhance pre- and post-registration health care programme delivery.

Results: To date, 16 stories have been collected from a variety of patients and carers who have had contact, often during extreme circumstances, with their District Nursing Service. Professional notes accompanying the stories are aimed at focusing students on key aspects of the narrative where best practice is highlighted or where improvements to care could have been implemented.

Background:

It has long been acknowledged that stories from the healthcare arena can be powerful and therapeutic for practitioners, patients and for their carers (Carwford et al, 2004; Guntaratnam & Oliviere, 2009). Indeed, Gallo (2016) maintains that we are all storytellers (Gallo, 2016). Service user and carer experience of their illness trajectory and the health care services they receive, in particular, are integral to health care professional programme delivery and are integral to the development of an empathetic workforce. It is acknowledged, however, that

certain patient groups are harder to reach due to their demographics, location and illness experience.

The District Nursing (DN) service is changing. The delivery of healthcare per se has undergone rapid change since the inception of the NHS in 1948. Patients are living longer with male life expectancy increased from 65 to 79 years and female from 70 to 83 years over the last 60 years (Office of National Statistics (ONS), 2014). With such longevity comes increasing complexity and dependency (Department of Health (DH), 2014). Along with shorter in-patient stays and early hospital discharges, these factors all impact on community nursing.

Alongside both changes to demographics and healthcare delivery, the delivery of nursing care within the community has undergone quite dramatic 'modernisation' which has expanded the remit of DN teams to include the responsibility for patients with greater acuity; resulting busier schedules and competing demands on the service (Queen's Nursing Institute (QNI), 2009; DH, 2014, Royal College of Nursing (RCN), 2013). Balancing the competing demands presented, often accompanied by diminishing staff numbers, presents every DN team with daily challenges (QNI, 2013). In such a dynamic but testing environment, it is essential that our pre-registration student nurses gain relevant up-to-date experience of service delivery, the pressures within the community workforce and the impact of striving to maintain the provision of best quality care.

In 2006, 'Our health, our care, our say' (DH) emphasised the need for a national move of non-acute healthcare delivery to the community environment. This requirement has been the focus of many subsequent papers (National Health Service (NHS), 2014; 2017), however, over 10 years on, the reality of this shift remains a 'work in progress', with the move of patient care, funding and service delivery being patchy at best. Increasing work force issues, austerity measures and patient demographics are placing untold pressures on the NHS, not least, the DN workforce (Maybin et al, 2016).

The aim of the project was to develop a well-constructed, illustrated paper and online learning resource for student 'case study' use, focusing on care of the patient in their home environment, ensuring the resource includes the range and complexity of service delivery and is suitably challenging for student learning. As a first national collection of stories related to patients who are cared for at home, the 'book' will be a useful resource to share the lived story of DN services with other HEIs and key stakeholders including the RCN, QNI and Health Education England (HEE).

Healthcare Education

In response to this proposed 'shift' of healthcare delivery to the provision of care 'closer to home' (NHS, 2017), the Nursing and Midwifery Council (NMC) (2010) requires that all pre-registration nursing students experience and understand the challenges of healthcare delivery across these contrasting areas of service delivery. The NMC require that all students are fully equipped to provide care in both hospital and home environments. In response to this requirement, this project was developed to provide an insight into patient and carer experiences, specifically of the DN Service. The proposal aimed to collect patient stories from a group previously not accessed for their stories, which have then been illustrated and collated into a 'book' for use to enhance programme delivery.

The need for such a personal insight into care at home is especially important as pressures on placement availability and a healthcare workforce under pressure, often means that student experiences are limited whilst on placement in the community in terms of the breadth of their experiences. Many Higher Education Institutions (HEIs) have found it necessary to re-badge their out of hospital care as 'home nursing', which serves to limit student access specifically to DN placements since, since, in effect, these are replaced by chronic and long-term conditions services. Whilst it can be argued that these 'home nursing' experiences are also community based, they provide a very different insight to care at home compared to a full DN placement.

Patient stories of the care delivered by DNs, along with their community teams, and the experiences of the patients and carers that receive their support, aims to provide students with an insight into the lived experience of those who receive these services. This resource may be invaluable to many students, but more specifically for those who have not been able to experience a 'full' placement with the DN Service.

Method

Once project approval and funding had been secured, project information leaflets were designed to encourage engagement from community nurses, patients and their carers. The local Community Trust already actively collated stories of care so an early meeting provided an insight into established processes. The project required that stories were voluntarily submitted by nurses, patients and their carers, with contact made via several support groups. The voluntary submission of stories, negates the need for ethical approval, with participants made fully aware of the purpose and use of their anonymised stories.

Submitted stories were initially screened for inclusion by the project team. Screening of stories focused on the learning available within each story rather than screening in terms of the quality of service provision outlined within the story. The team agreed that whether stories were positive or negative in terms of the care received, they may still present an opportunity for learning and enhancement of future service provision. In the event of the team being inundated with too many submissions for publication, it was agreed that a range covering patient, carer and staff stories would be included, with additional stories stored for a further edition. The learning available within each story would be fundamental to the decision for inclusion. Stories would be excluded if they did not allude to care at home or have any contemporary learning points, for example stories that were so dated that care delivery had significantly changed..

At the end of the project, the book is intended to form an educational resource for case-based learning for future cohorts of pre- and post-registration students to explore the impact and experiences of patients and carers in receipt of care in their home. The concept is that, once the resource is available, students will be 'set' a story to consider in their small group work, with discussions and debate centred on the experiences of the people involved. Notes and discussions would then be fed back to the larger group, with stories providing students with a rich insight into the experiences of 'care at home' from the perspective of the patient and their loved ones.

Pedagogy:

The development of 'professional competence' is complex. More recently, there has been a move from traditional didactic approaches to the 'delivery' of education to more collaborative construction of learner knowledge through a range of active learning approaches (Williams, 2005; Yoo & Park, 2014). These active learning approaches require the student to combine their skills, knowledge and attitudes and apply these to problem solving, critical thinking and self- and peer-assessment (Srisawasdi, 2012).

The adoption of case-based learning approaches, for which this 'Collected Stories' resource will predominantly be used, embraces the principles of patient centred care within an action learning approach. Case-based learning is interactive and student-centred, drawing on real-life situations to initiate, stimulate and promote authentic learning (Williams, 2005). This approach encourages students, presented with diverse case-based problems based on real life scenarios, to apply abstract knowledge to suggest practical applications (Srisawasdi, 2012). These experiences provide an excellent method for students to consider how to plan and deliver care to community-based patients and to reflect these complex situations within a safe environment. Case-based learning encourages students to identify their own knowledge requirements and actively seek out solutions which promote the development of their problem-solving ability (Yoo & Park, 2014) and autonomy (Gray & Aspland, 2011).

The case-based learning approach meets many learning needs; for students who are inductive reasoners, these collated stories will provide them with a means to learn from examples (Meehan-Andrews, 2009). Indeed, evaluations of case-based learning include reflections from students that such learning is 'exhilarating, inspiring and fun' (Case Centre, 2017). In addition, Dutra (2013) stated 'the implementation of unfolding scenario-based case studies in the didactic classroom is associated with learner-centred education'.

Project detail:

This project accessed a number of patients and their carers who had received community services. Names and locations within the stories have been changed to ensure anonymity for all involved. Patients and their carers have been supported, if necessary, to write the story of their experiences of DN services. The book will be professionally printed, illustrated and also available online to support student learning.

Within nursing, the resource developed will be used within our post-registration programmes, with a clear and immediate fit with the long-term conditions and specialist practice programmes. Use of a single case or the resource may challenge students to review the care they deliver – these again will be evaluated on a session by session basis. Further uptake of the book will be within clinical practice as a resource for continued professional development for qualified staff. Finally, the resource will be shared with any other areas who may potentially learn from it including other interested HEIs, our providers of both community and acute nursing services, the Queen's Nursing Institute, Health Education England and Royal College of Nursing. With the aim of the book to enhance student knowledge of the care delivered in the home environment, this booklet presents an innovative, reusable resource which is not available elsewhere across the United Kingdom.

Conclusion:

The use of patient stories is known to bring the reality of the patient experience, good or bad, to students and to enable learning by applying case-study methods. Patient stories are an

excellent technique to embed student learning in the reality of experiences of the end recipient of care and to raise awareness of the impact of 'simple things' on their experience. It is hoped that this resource will serve to enhance student awareness of the experiences of District Nurses and their teams, providing learning situated in the recollections of the patient users and carers.

The production of a resource that is professional in appearance will enhance its use and provide a resource that can be shared. The Queen's Nursing Institute and Royal College of Nursing are keen to 'evidence' the impact of District Nurses and their teams – this resource may also go some way to evidencing the impact of this 'Cinderella service'.

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Supporting the community.

The day before Christmas Eve last year, my colleague had problems with her car. As a result, I needed to collect her from her local garage, prior to work, to bring her in to the clinic where she was the office coordinator for the day. After collecting her from the garage, as we were driving to work, we pulled up behind a stationary ambulance that was partially blocking the road. The ambulance crew were dealing with an unconscious man who was lying on the pavement.

We stopped and went over to offer assistance to the ambulance crew who were doing Cardio Pulmonary Resuscitation on the gentleman. Apparently, he had been walking his dog and had collapsed. At the request of the ambulance crew, we took the dog and knocked on doors in the vicinity to see if we could identify the gentleman.

We knocked on a few doors and then a neighbour recognised the dog and directed us to his house. We knocked on the gentleman's door; however, his partner was in bed and didn't answer. We located the keys in the gentleman's pocket, let ourselves into the front door of the property and shouted upstairs to the man's partner. We woke her and told her the sad news and returned her dog. The lady was understandably extremely stressed and upset so we rang her family to come over and provide some support for her. We also assisted her to get ready, so she could accompany her partner in the ambulance to the local Accident and Emergency Department.

The lady was extremely grateful for our support; however, the gentleman sadly died in A&E

